

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/653,924

FILING DATE

09-01-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1		1				52						
3		2					53						
4		2					54						
5		2					55						
6		1					56						
7		2					57						
8		2					58						
9	1						59						
10	1		1				60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		1					65						
16		2					66						
17		2					67						
18	1						68						
19		1					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		1					76						
27		1					77						
28		1					78						
29							79						
30							80						
31			1				81						
32			1				82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		4				TOTAL IND.						
TOTAL DEP.	40		22				TOTAL DEP.						
TOTAL CLAIMS	45		26				TOTAL CLAIMS						